# CFA - Land (Line T)

In accordance with the Guidelines, the Capital Facility Allowance for Land is calculated at the CFA interest or amortization rate times the Reasonable Appraised Value for NF Patients.

## Per Diem Amounts at 95 Percent Occupancy

As with the comparable building components, the per diem amounts (Lines U and V) are developed at a target occupancy of 95 percent, or 347 days per licensed bed, or for Class III NFs with a base period Medicaid occupancy of 80% or greater,—at 90%, or 329 days per licensed bed.

95-20-MA(NJ)



TN\_\_\_\_\_Approval Date\_\_\_\_SEP 25 1888

Supersedes TN 95-14Effective Date\_\_APR 1- 1985

## Rates - Section D6

### Nursing Costs - Schedule R

Guideline Reference: Section C-3.9

# Minimum Hours Worked Required (Class I and Class II NFs)

This determination is made by applying minimum state nurse staffing requirements to base period reported 1) patient days for base minimum hours and 2) base period patient conditions counts (See page D6-1a Patient Mix Count) for those patients with special conditions requiring additional minimum nursing time. The base minimum hours worked required for nursing services for each patient is 2.5 hours. The minimum hours worked required for patients with conditions requiring additional nursing time is as follows:

Tracheostomy 1.25 hours/day

Use of respirator 1.25 hours/day

Head trauma stimulation/

advanced neuromuscular/

orthopedic care 1.50 hours/day

Intravenous therapy 1.50 hours/day

Wound care 0.75 hour/day

OFFICIAL

95-14-MA(NJ)

TN\_ 95-14 Approval Date PR 30 1998

Supersedes TN New Especial Date GAN 03 1935

> 85-5 + 92-30 + 90-10 + 88-24

Attachment 4.19-D Page 157

Oxygen therapy

0.75 hour/day

Nasogastric tube.

feedings and/or

gastrostomy

1.00 hour/day

The minimum hours worked required for each type of nurse are calculated in the following manner:

 $\overline{\text{RNs}}$  - For facilities with 150 beds or less, minimum hours worked required will be one RN for a single shift on each day of the year.

1 RN  $\times$  8 hours  $\times$  365 days = 2920 hours

For facilities with more than 150 beds, minimum hours worked required will be one RN for each of three shifts on each day of the year.

3 RNs x 8 hours x 365 = 8760 hours

LPNs - Deduct the amount of minimum hours worked required for RNs from the sum of 1) the product of the number of base period days times .5 hours and 2) the product of the number of base period patient days of patients with conditions requiring additional nursing hours times a) the appropriate additional hours required for each condition and b) .2 (20%). The minimum hours worked required for LPNs will not be less than 5840 (16 hours times 363 days).

95-14-MA(NJ) OFFICIAL

TN\_\_\_\_\_\_\_\_Approval nate\_\_APR 30 1998

Supersedes TH New Effactive Date JAN 03 1998

> 85-5 > 92-308 90-10 > 88-24

Aides - Combine the totals of 1) the product of base period patient days times two (hours) and 2) the product of base period patient days of patients with conditions requiring additional nursing hours times a) the appropriate hours for each condition and b) .8 (80%). The minimum hours worked required for Aides will not be less than 8760 (24 hours times 365 days).

If the calculation of the minimum nurse staffing requirement results in an amount of hours for each type of nurse (RNs, LPNs, and Aides) which includes some part of a full-time equivalent staff position (FTE at seven days per week), the minimum hours required for each type of nurse will be increased to include time sufficient to staff a full-time equivalent staff position (FTE at seven days per week).

# Patient Mix Count

For the purpose of the prospective rate calculation and the periodic adjustment for patient mix, facilities will not report exact patient day counts for conditions requiring additional hours, but will report if a patient: a) resided in the facility and had the condition(s) for the entire month, b) resided in the facility for the entire month and developed the condition(s) during that month, c) entered the facility and had the condition(s) for some portion of the month. This count will include patients who develop condition(s) during a month or enter the facility with condition(s) and cease to have this condition, are discharged, or die during

95-14-MA(NJ)

OFFICIAL

TN\_\_\_\_\_\_AS-14\_Approval Date\_APR 30 1998

Supersedes TN New Establish Balayan 03 1995

385-5 292-30 290-10 288-24

the same month. No count shall be made for a patient who ceased to have the condition, died, or left the facility during a month (other than the month of admission or onset of the condition), except for a patient who was on a bed hold leave to an acute care hospital and returned to the facility. For the purpose of this calculation adjustment to the nursing per diem, this count will be known as patient condition months.

For the prospective rate calculation, the base period total of patient condition months for each condition will be multiplied by 30.4167 (average days per month) to determine the base period patient condition days.

95-20-MA(NJ)

TN 95-20 Approval Date
Supersedes TN 95-14 Effective Date APR 1-199

OFFICIAL

## THIS PAGE IS INTENTIONALLY LEFT BLANK

95-20-MA(NJ)

OFFICIAL

Approval Date

Supersedes TN 9514 Effective Date APR 1- 1995

# THIS PAGE IS INTENTIONALLY LEFT BLANK

95-20-MA(NJ)



TN\_\_\_\_ Approval Date SEP 25 1111

Supersedes Til 45-14 Feecotion Date APR 1- 1995

# Hours Worked Required (Class III NFs)

The minimum nursing requirements in terms of hours worked will be calculated for each Class III program as follows:

95-20-MA(NJ)

Supersedes TN 95-14 Effective Date APR 1- 1906

OFFICIAL

- i. A base of 2.5 hours per patient day (20 percent RNs and LPNs; 80 percent Aides);
- ii. An additional three hours per patient day (60 percent RNs, 40 percent LPNs);
- iii. The total minimum hours per year for each type of nurse will be at least 8,760 (that is, allowing staff of one RN, LPN and Aide on each shift.

#### Rate Factor

The rate factor entered for each class of nursing personnel is a statewide equalized hourly rate which includes the following factors:

- The statewide equalized median compensation rate per hour <u>for each</u>

  <u>class of NF</u> including fringes, adjusted to price levels as of the

  middle of the base period calendar year.
- A provision for pay for time not worked (vacations, holidays, paid sick leave) using statewide median data <u>for each class of NF</u> for the percentage of nursing hours paid to hours worked.
- A percentage latitude above this amount in accordance with Section C- 3.8 paragraph 6 of the Guidelines.

#### Equalized Cost Limit (Line D)

On lines A, B, and C, the minimum hours by class of nursing personnel are extended by the applicable rate factors, and the total is entered on Line D.

95-14-MA(NJ)

OFFICIAL

TN 95-14 Approval Date MR 30 1999

Supersadas III New RE 1884 8420 JAN 08 1995

285-5 292-302-10 288-24

Inasmuch as the rate factors used are equalized for timing differences (inflation), the reasonable cost limit on Line D is in terms of equalized costs.

### Unequalized Cost Limit (Line G)

On Lines E and F are the inflation and equalization factors applicable to each individual NF. They are used to convert the equalized limit (Line D) to the unequalized limit (Line G) appropriate to each NFs reporting period and geographic location. The unequalized limit includes fringe benefits.

### Reasonable Costs in Rates (Line I)

Included in rates per Line I are the actual fringed nursing costs from Line H subject to the unequalized cost limit on Line G. The costs on Line H are reported NF costs in the six salaried and contracted nursing cost centers plus applicable fringe benefits (that is, costs reported on Schedule A, Column G "Expenses applicable to Nursing Facility" for cost centers RNs, RNCT, LPCT, OSAL, OSCT).

# Reasonable Costs Per Diem (Lines K, L, M)

By dividing the reasonable total nursing costs in rates (Line I) by actual patient days (Line J), the reasonable per diem for patients is calculated.

95-14-MA(NJ) OFFICIAL

TN\_\_\_\_\_A5-14 Approval Date APR 30 1998
Supersudes TH New Effective Date AN 03 1985

385-5892-30490-10488-24